Treatment of Partial Prolapse of the Rectum by Perirectal Injections of Sylnasol

(Preliminary communication)

By MAURICE LEE, F.R.C.S.

THE speaker discussed the pathology of rectal prolapse and the difficulties associated with its treatment.

This should be : (*a*) To stimulate the formation of fibrous tissue outside the rectal wall which will anchor the wall to the extra-rectal tissues ; (*b*) To bring back the tone in the sphincters.

(*a*) Extra-rectal injections of sylnasol are given. This fluid has the power of producing fibrous tissue, and is composed of 5% solution of sodium salts of certain of the fatty acids of psyllium seed oil with benzyl alcohol 2%. It is very well tolerated by the tissues, and in the number of injections which I have made with it (well over 100) I have never found it to produce sloughing or abscess formation.

The injections are given at weekly intervals, and the dosage given is up to 5 c.c. A needle 3½ in. long is used, and the forefinger of the other hand introduced into the anal canal, the needle is introduced in as aseptic a manner as possible. The needle is pushed in as high as possible, and then slowly withdrawn, while the sylnasol is slowly injected. There is no need for the patient to lie up after the injections, and she reports in a week's time for the next injection.

As the injections continue a firm mass will be found to be formed extra-rectally where the injections have been made. In this manner the bowel wall is made to adhere to the extra-rectal structures, so anchoring it.

(*b*) At the same time as the injections are being given the sphincter ani muscle is given electrical treatment by means of a faradic current. This is obtained by means of an instrument which has been devised by the firm of Stanley Cox & Co. The faradic current produced by this is not of the usual quick " make and break " type. It is slowly making and breaking current, and is described as a surging current. One electrode from the machine is attached to a metal bougie which is introduced into the anal canal, and the other pole is attached to a flat plate which is attached to the patient's thigh or buttock. When this current is tried out on a patient with a normal-toned sphincter the contractions of the sphincter can be readily seen by the operator. In these patients with poor tone in the sphincters the contractions are not seen in the early stages of the treatment, but as time goes on and the treatment is repeated it is surprising how the tone is seen to return. The treatment is given for 10 minutes at each session. The number of treatments in each of the three cases has been 13, 37 and 28 respectively. In addition to the extra-rectal injections of sylnasol and faradic stimulation of the sphincters, the submucous layers are injected with 5% phenol in almond oil, as is done in the injection treatment of hæmorrhoids.

The speaker then went on to describe three cases treated by injection :—

Case 1.—Mrs. R., aged 52. Operation in Edinburgh 1927 for prolapse.

On examination.—Large circular partial prolapse. Poor perineum. Large rectocele. No tone in sphincters.

Injections started April 1938 ; eight injections given in all. Has had 28 treatments of faradic with 10 minutes at each treatment.

September 5, 1938 : States she feels better. States prolapse only comes down a little.

On examination.—Sphincters show good contractions.

Case 2.—Mrs. M., aged 54. Poor physique. Operation for prolapse 1929.

On examination.—Now has large prolapse and no sphincter control. Five injections given with sylnasol ; seven electrical treatments of 10 minutes each.

September 26, 1938 : States prolapse does not come down at all now in spite of very bad bronchial cough.

Case 3.—Miss A., aged 44. First operation for prolapse 1916 ; second operation for prolapse 1920 ; third operation for prolapse 1921.

First injection of sylnasol April 11, 1938 ; seven injections of sylnasol. Thirteen electrical treatments.

August 8, 1938 : States it does not drop so much. Feels very much improved. Prolapse occurs only slightly in the evening when she gets tired.

On examination.—Sphincters now show good tone.

Chronic Para-anal Ulceration (Abstract).—W. C. BARBER, F.R.C.S.

A case of chronic para-anal ulceration is described in an otherwise healthy man of 32 and mention made of the difficulties experienced in arriving at a diagnosis and in finding any treatment to which the ulcer would respond.

The ulcer was one which appeared on naked-eye examination to be due to dysentery but it failed to respond to emetine injections, and no abnormal clinical or bacteriological findings were obtained except on one occasion when a few cysts were seen in the depths of a portion of tissue removed for biopsy.

After this discovery emetine was tried by mouth instead of by injection and the ulcer healed after a full course, only to relapse a fortnight later. The condition remains unhealed after six months of hospital treatment.